Date: [Date]

To: [Recipient Name/Organization]

Re: Medical Excusal and Return to Activities

Patient Name: [Patient Full Name]
Date of Birth: [DOB]

To Whom It May Concern,

Please be advised that the above-named patient was under my care for a **severe allergic reaction (anaphylaxis)** occurring on [Date of Incident].

Due to the severity of the reaction and the side effects of emergency medications administered, the patient was medically excused from [School/Work/Activities] starting [Start Date].

Return to Activity Status:

- The patient is cleared to return to full duties on: [Return Date]
- Physical activity restrictions: [None / List restrictions if any]

Emergency Preparedness:

The patient has been prescribed an Epinephrine Auto-Injector (e.g., EpiPen). It is vital that this medication remains accessible to the patient at all times. In the event of accidental exposure to [Allergen], follow the attached Emergency Action Plan immediately.

If you have any questions regarding this medical clearance, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]
[Clinic/Hospital Name]
[Contact Information]